July 2006 DNR Form 145

Mail to Department of Natural Resources PO Box 94676 Lincoln, NE 68509-4676 Phone (402)471-2363

## STATE OF NEBRASKA DEPARTMENT OF NATURAL RESOURCES

WATER WELL REGISTRATION

		FOR DEPARTMENT USE ONLY	
Date Filed		led Owner Code No Registration No	
1. a	۱.	Well Owner's First NameLast Name	
(	OR	Company Name	
b	).	Attention Name	
c		Address	
		CityStateZipTelephone	
	<b>)</b> .	Contractor's License NoContractor's Name  Contractor's Email Address  Drilling Firm Name	
		AddressCityStateZipTelephone	
3. a b	l. ).	Well location'4 of the'4 of Section, Township North, Range EW , Coun Natural Resources District feet from the (N S) section line and feet from the (E W) section line	ıty
	l.	OR Latitude Degree Minute Second Longitude Degree Minute Second Second Second Lot Location of water use (give legal descriptions) Section line and leet from the (E w ) section line and	
f.		If for irrigation, the land to be irrigated is acres.  Well reference letter(s), if applicable HHSS PWSID	
N V	Aan Geo Aur	Industrial Permit Number Industrial Permit Number Transfer Out-Of-State Permit Number Conduct Permit Number Other Permit Number	
5. P	Purp	pose of well (indicate one)AquacultureCommercial/IndustrialDewatering (over 90 days) Domestic Ground Heat Exchanger Groundwater Source Heat Pump Irrigation InjectionLivestock Monitoring Observation Public Water Supply (with spacing (46-638))  _Public Water Supply (without spacing) Recovery Other (indicate use)	1
6. V a b	ı. ).	Is in a Series.  Is this well a part of a series?Yes go to part b of this sectionNo go to part 7 of this application  If one or more of the wells in the series is currently registered, give all well registration numbers  How many wells in the series are you registering at this time?	

<ul><li>7. Replacement and decommissioned/modified well information.</li><li>a. Is this well a replacement well?YesNo go to part 8 of this application</li></ul>										
<ul> <li>b. Registration number of original well If not registered, date original well was constructed <sub>(m)</sub>/<sub>(d</sub>/<sub>(y)</sub></li> <li>c. Original well last operated <sub>(m)</sub>/<sub>(d)</sub>/<sub>(y)</sub></li> <li>d. Replacement well is feet from original well.</li> </ul>										
e. Location of water use of original well										
Please Select One:										
f.1.  Original water well decommissioned on (m)/(d/(y) OR										
2.   I hereby certify that the original water well will be decommissioned within 180 days after such construction of the replacement water well.   OR										
3.										
If 3d is chosen. NRD signature is required.										
NRD signature Date OR										
4. Decommission/Modification Certification form is submitted by landowner.										
8. Pump Information. a. Is pump installed at this timeYesNo Is pump installed by well owner in section 1?YesNo Is pump installed by contractor in section 2?YesNo If pump installed by pump installer, please fill out license number below b. Pump Installer's License NoPump Installer's NamePump Installer's Firm NamePump Installer's Firm NamePump Installer's Firm NamePump Installer's Firm AddressCityStateZipTelephonePump Installer's Firm Email Address c. Pumping rategallons per minuteMeasuredEstimated d. Drop pipe diameter inches										
moratoriums require NRD signature NRD signature Date	1									
f. Bore hole diameter in inches Top Bottom g. Casing and Screen Joints are Welded Glued Threaded Other										
10. Well Construction (Casing & Screen)- c, d, e, & g measurements should be in inches to three decimal places  a b c d e f g h										
Placement Casing or Inside Outside Wall Screen Slot Type of Trade Name										
Depth in Feet Screen Diameter Diameter Thickness Size Material										
From To										
	_									

11. Grout and Gravel P	ack				
Placement Dep	pth in Feet	Grout or	Material Description		
From	То	Gravel Pack			
12 C. 1 M.	1 . T 1				
12. Geologic Mate					
Depth in Feet From To	Description		Depth in Feet From To	Description	
110m 10			110111 10		
		<del></del>			
		<del></del>			
		,			
		(Additional sheets m	ay be submitted)		
13. I hereby certify the	nat the information provid	led on this registration is	true and accurate to the	best of my knowledge.	
Water Well Contr	actor's Signature	Date	Well Owner's if Contractor is unknown	Signature Date own or Deceased	

Please note this document contains three pages.